It is with great pleasure that I provide this column to update our membership and other readers on the many exciting activities of the Council and to invite input and interaction from our members. As I began to write this column and reflected on the Council’s activities and accomplishments so far in 2019, I was struck by (a) how productive the Council is, (b) the multiple projects the Council has underway, and (c) the level of investment in their service to the Council that the elected, appointed, and student members of the Council have been. The Council’s mission is to promote state-of-the-art education and training in geropsychology among its members, to provide a forum for sharing resources and advancements in and among training programs, to support activities that prepare psychologists for competent and ethical geropsychology practice, and to promote the development of training programs consistent with the Pikes Peak Model for Training, and I can confidently say that each member of your organization’s leadership is personally committed to that mission. You have an extremely hard working and collaborative group at the helm of your Council, and it is rewarding to serve as the current Chair.

Transitions are an important part of professional organizations. While departures of longstanding members of the Council’s Board can be difficult, the infusion of new members and their ideas and energy is essential. This year we saw the departure from the Board of a number of valuable members, including longstanding CoPGTP Board member and past-chair Elizabeth Shumaker, Ph.D., and her absence was felt. But we also saw the addition of new members who have made considerable contributions. One of those members is the new Newsletter Editor, Grant Harris, Ph.D. Dr. Harris readily stepped into a challenging role and in short order brought us this excellent issue of the newsletter. A hearty “Thank you!” goes to Dr. Harris and all those who contributed to this issue.
The Council’s activities and accomplishments are too numerous to list in this column. However, one activity that we are particularly excited about is our town hall conference call which is scheduled for 10/17/19, around the time of publication of this newsletter. The town hall, which came about in response to requests from the membership, is open to all members of the geropsychology community who are interested in discussing training issues. This is an important opportunity for CoPGTP members and others to share thoughts and exchange information about training issues in geropsychology. Another way to exchange information is our listserv (copgtp-listserv@googlegroups.com), which is under-utilized. Although the CoPGTP Board uses the listserv to disseminate information, it would be fantastic if it were used more by members to discuss training issues. To learn more about the specific activities of the Council, please see the minutes from our meetings, which are emailed to program members and posted on our website (http://copgtp.org), and/or come to our annual business meeting/dinner which will be held on 11/14/19 in Austin, TX during the GSA convention.

The Council’s many accomplishments require the efforts of many devoted colleagues and student representatives. Please see the list of current leadership on our website (http://copgtp.org/about/officers/) and final page of this newsletter. Although I cannot describe everyone’s contributions, all of which are invaluable, I want to express particular gratitude to Drs. Heather Smith (past chair), Lindsay Jacobs (chair-elect), and Patricia Bamonti (secretary) for the considerable assistance that they have provided to me personally, often “behind the scenes”, during the past 10 months. As I conclude my term as chair in a couple of months, I know that the Council will remain in great hands going forward. To help us continue to make CoPGTP an organization of value to you, please continue to reach out to us with thoughts, suggestions, and requests; this is your organization, and we look forward to continuing to serve you.
Active Learning in an Undergraduate Psychology of Aging Course

In my position at a teaching-oriented university, many of the undergraduates are first generation college students who have transferred from junior colleges. There is a high value placed on employing diverse teaching strategies, as well as attempting to update and modify courses to reflect new trends in higher education. One such trend is active learning.

Active learning has become a buzz word in higher education, and has spread from STEM majors to social science majors such as Psychology (Hunt & Macaskill, 2017). Broadly, active learning refers to the use of meaningful learning activities that require students to think about what they’re doing (Freeman, Eddy, McDonough, Smith, Okoroafor, Jordt, & Wenderoth, 2014). In the context of teaching undergraduates, this means that the course time each week is divided up between different types of activities, such as lecture, small group discussions, and activities.

“As much as possible, I try to get students to talk to older adults as part of this class.”

In this article I will describe examples of how I use active learning to engage students in learning about aging theories in an online Psychology of Aging class that is an elective in our department. I consider active learning to be particularly important in an online course, where students may not be forced to engage with the material in the same way that happens in a face-to-face course. The active learning techniques that I describe will center on the following theories: continuity theory of aging, biological aging theories including random error and programmed aging, socioemotional selectivity theory, and retirement theories (role theory vs. disengagement theory).

Continuity theory (Atchley, 1989) holds that older adults make everyday decisions based on their past actions and beliefs. This is an important concept for undergraduates because they often group older adults together and believe that all older adults become more conservative, inflexible, and religious as they age. To combat this notion, I use a shortened version of the Facts on Aging quiz (Breytspraak & Badura, 2015) in one of the first few weeks of class. Some of the items on this quiz are particularly relevant to continuity theory, such as “most old people are set in their ways and unable to change,” and “older people tend to become more spiritual as they get older.” Although we all know that these are true for some older adults, the key point of this activity for undergraduates is to realize that the best predictor of behavior and beliefs in older adulthood is behavior and beliefs in other stages of life. Related to continuity theory, I always use an early assignment with students where they ask older adults in their life how old they feel. Most of the time this number is younger than the person’s actual age, which helps to drive home the point that people aren’t making decisions based solely on their age.
In the chapter on biological theories of aging, I spend time lecturing on random error and programmed aging theories. Usually this is the first time that students have heard of these theories, unless they have taken a biology course. To supplement this lecture, students watch a TedMed video on telomeres by Calvin Harley and Elissa Epel (available on YouTube). I will occasionally ask students to watch a TedTalk video in support of random error theories of aging, such as A Roadmap to End Aging by Aubrey de Grey. Finally, students read an article by Trepanowski et al. (2017) on the effectiveness of alternate-day fasting diets vs. lower calorie diets. For all of these videos and articles, students are responding to them on discussion boards; there is a lot of interest generated in this potentially dry material because almost all undergraduate students know someone who is doing intermittent fasting. Additionally, there are often a few kinesiology or health sciences majors in the class who are interested in physical fitness and ways to slow aging. With all of these activities, there is some take-home message for everyone, and it’s often not delivered by me standing up in front of the class and talking for the entire class period.

As much as possible, I try to get students to talk to older adults as part of this class. This can take the form of conducting short interviews with older adults where I provide two to three questions for them to ask. This is how I approach the introduction of socioemotional selectivity theory. In addition to watching the TedTalk by Laura Carstensen (“Older people are happier”), students are also asked to talk to an adult over age 65 to ask them (1) whether the older adult has noticed a tendency toward smaller social networks in older adulthood, as suggested by socioemotional selectivity theory (emphasizing quality over quantity of relationships) and (2) whether the older adult agrees with the findings that older adults are generally happier than other age groups. Has this been true for them personally? Students then write up the results of this interview as part of a class activity. In doing these short interviews, they approach neighbors who they thought were “old and grumpy” and learn more about their history and lived experience.

Continued on next page
Toward the end of the semester, we spend a week covering theories of retirement. Students are asked to think about their own retirement in terms of what would be ideal for them. We also watch a video on older workers from YouTube (“Investment in older workers turns a big profit”). This video is based off the book by Caitrin Lynch (2012) titled “Retirement on the line: Age, work, and value in an American factory.” It is a great demonstration of role theory and the possible negative effects of disengagement. It also provides a useful discussion about whether companies are exploiting older workers by employing them part-time without providing benefits.

References


Video Links

**Aubrey de Grey: A Roadmap to End Aging (TedMed)**
https://www.ted.com/talks/aubrey_de_grey_says_we_can_avoid_aging?language=en

**Calvin Harley and Elissa Epel (TedMed)**
https://www.youtube.com/watch?reload=9&v=mnMuuRcczf8

**Laura Carstensen: Older People are Happier (TedTalk)**
https://www.ted.com/talks/laura_carstensen_older_people_are_happier?language=en

**PBS News Hour: Investment in Older Workers Turns a Big Profit**
https://www.youtube.com/watch?v=NujnD1tykkY
Membership Report

Patricia M. Bamonti, Ph.D., ABPP

We would like to welcome our newest CoPGTP member programs: VA Durham Healthcare System, VA Illiana Healthcare System, St. Louis VA Health Care System, and the Hunter Homes McGuire VA Medical Center. The Durham VA is represented by Rachel Rodriguez, Ph.D., ABPP. VA Durham provides geropsychology training at the predoctoral and postdoctoral levels. Rotations include the Community Living Center, Hospice and Palliative Care, Neuropsychology Clinic, and Home-Based Primary Care. Additionally, fellows rotate through the Late Life PTSD & General Outpatient Mental Health Clinic. Dr. Shannon Sisco represents the Illiana VA. Training is offered at the practicum and internship level. Rotations include the Community Living Center, Geriatric Clinic, and Home-Based Primary Care. The St. Louis VA is represented by Brian Yochim, Ph.D., ABPP. They are newly offering postdoctoral-level training with rotations in the Seniors Veterans Clinic, Palliative Care, Neuropsychology, and Home-Based Primary Care. The Hunter Homes McGuire VA is represented by Thomas Campbell, Ph.D., ABPP. Training is offered at the internship level, with a unique Interprofessional Geropsychology Track. Forty-five programs are now members or associate members of CoPGTP! Please visit our website (www.copgtp.org) to learn more about the newest member programs and to view an updated list of programs offering substantive geropsychology training consistent with the Pikes Peak Model.

Graduate Program Report

Richard Zweig, Ph.D., ABPP

As the Graduate Programs Member at Large representative, I continue to reach out to prospective members in an effort to recruit to CoPGTP additional graduate programs that offer substantive geropsychology training. I am always interested in new ideas, or suggestions of programs to contact. Please take a moment to examine our list of member doctoral programs, perhaps have colleagues in your program do the same, and feel free to contact me with suggestions (richard.zweig@yu.edu) of non-member programs to whom we should reach out. New member programs contribute immensely to our organization’s diversity and development as we strive to meet the training challenges ahead. Thanks as always for your assistance on behalf of the CoPGTP team!
Internship Report

Lisa Bloom-Charette, Ph.D., ABPP

Geropsychology Students’ Experience of the Internship Match and Implications for Training

Although the number of geropsychology training programs has increased over the years (Hinrichsen, Zeiss, Karel & Molinari, 2010), there has been little literature on the effectiveness of the match of these type of programs. However, The Association of Psychology Postdoctoral and Internship Centers (APPIC) annually publishes statistics on the general internship match. In 2019, in Phase I students applied to an average of 15.4 internship sites. They had a mean of 7.4 interviews. 49% were matched to their first ranked program. The majority (74%) felt that their doctoral faculty program provided a high level of support and assistance in terms of application and essays (APPIC, 2019).

In the 2019 geropsychology internship survey by the Council of Professional Geropsychology Training Programs (CoPGTP), training directors and trainees reported that the average number of internship sites that were applied to was 25. Out of these applications, trainees were extended invitations and attended an average of 11 sites. Half matched with geropsychology sites. Most of the trainee respondents felt strongly supported by other professionals. The most supported students said that seminars, essay reviews, and the Pikes Peak model were the most important resources in applying to internships. The reasons given for not matching with an internship with a geropsychology specialty track consisted of geographical limitations and the realization that geropsychology experiences can be obtained in a generalist track. Similar results have been found for surveys between 2016 and 2018.

In comparison to the general internships, students interested in geropsychology applied and interviewed at more programs and felt slightly less supported. However, more matched at their first choice. These results in detail as well as implications for students interested in pursuing careers in geropsychology will be discussed at the upcoming Geriatric Society of America (GSA) annual convention in Austin, Texas on 11/16 at 8am. Please join us and other members of CoPGTP as we talk about these results as well as other geropsychology training issues.

Association of Psychology Postdoctoral and Internship Centers (2019) APPIC Match Statistics. APPIC website
Postdoctoral Report

Valerie Abel, PsyD, ABPP

Recruitment of geropsychology postdoctoral programs continues with invitations sent out to programs that have an identified geropsychology rotation, emphasis or specialty. The application can be found at: http://copgtp.org/members/copgtp-membership-application/. Currently we are happy to have 18 member postdoctoral training programs and would like to grow our membership. Most recent initiatives include an annual survey of internship programs and interns following the postdoctoral match to gather information about support and barriers to applying to geropsychology postdoctoral programs. Other initiatives in geropsychology have also been supported and promoted by CoPGTP including the VA multi-site geropsychology postdoctoral seminar series which now includes 19 training sites. Continued efforts are being made to identify and address the unique needs of postdoctoral training programs and to provide support to our member programs and the geropsychology community.

Post Licensure Report

Gregory A. Hinrichsen, PhD., ABPP

The reader may recall that an ad hoc group of CoPGTP members worked to identify foundational knowledge competencies in geropsychology. A survey was conducted from which geropsychologists made recommendations about which of the Pikes Peak Model competencies were foundational and which they would recommend to be covered in the equivalent of a two day workshop. Results of the survey were published last year in Clinical Psychology: Science and Practice. The next step was to try to develop an in-person workshop. Erin Emery-Tiburcio, Greg Hinrichsen, Victor Molinari, and Rick Zweig created a draft set of slides for the workshop. In April, Erin Emery-Tiburcio and Greg Hinrichsen conducted a two-day workshop to a capacity audience that addressed foundational geropsychology knowledge competencies for the Illinois Psychological Association in Chicago. Based on that experience and feedback from the workshop participants, the workshop content is being reworked. Recently, Erin and her colleagues at Rush University Medical Center were refunded for their Geriatric Workforce Enhancement Program. As part of that effort, Erin and her colleagues have begun work on creating on-line training modules that map to the Foundational Knowledge Competencies in Geropsychology. In August, APA published Assessment and Treatment of Older Adults: A Guide for Mental Health Professionals (Hinrichsen, 2019). The book’s contents map onto the CoPGTP recommended Foundational Geropsychology Knowledge Competencies (as well as noting how content reflects APA (2014) Guidelines for Psychological Practice with Older Adults). The book is a primer written for mental health professionals with little or no background in aging who are seeing some older adults in clinical practice or who are interested in expanding their practices to include older adults. It can also be used as an introductory textbook in clinical geropsychology.
Foundational Knowledge for Clinical Geropsychology

Recent list-serve discussions raise questions about why some trainees in Geropsychology internships and post-doctoral fellowships lack academic training in theories and research on aging. I have been asked to share my $.02 about how I believe we have gotten to this point, and what it might mean for future training. I will focus on two factors (among many, I suspect) that have generated the situation in which professional Geropsychology trainees might not be exposed to, let alone grounded in, theories of adult development and aging.

My first observation is that the training contexts are dramatically different today from a few decades ago. My generation of clinical psychologists who wanted to focus on aging populations primarily learned about aging separately from our clinical training. We later embedded what we learned from cognitive, personality, social, and developmental theories of aging into our clinical work that was often supervised by psychologists who lacked training and/or experience with aging. The emergence of internships and post-doctoral fellowships in Geropsychology (called geriatric mental health or psychology of aging back then) provided opportunities for training in what has evolved into clinical Geropsychology. The theoretical and empirical research on aging were the best that our generation of emerging specialists had available to guide our clinical work, so we avidly read broadly in the aging literature and identified with Adult Development and Aging organizations (e.g., APA Division 20) and journals. However, I also recall that in the early years of the gero-focused internship and fellowship at Palo Alto VA, many trainees lacked basic training in aging simply because it was unavailable to them in their doctoral programs.

“training contexts are dramatically different today from a few decades ago.”

Current students who train in clinical or counseling Geropsychology tracks or programs can step straight into the world of Geropsychology, a professional field with a substantial knowledge and skill base. With the advent of the Society of Clinical Geropsychology, CoPGTP, specialty journals, and training models and programs, students now have the option of identifying clearly with professional Geropsychology early in their training. The opportunities to take courses in basic psychology of aging vary across programs, leaving some students without a solid introduction to the knowledge base that undergirds professional work.

Training programs make difficult decisions about how to meet the requirements of accreditation that are broad (basic science and clinical science) as well as the rapidly expanding base of knowledge and skills in geropsychology. Geropsychology tracks and programs often exist within a broader training program that allocates very limited curriculum space for specialty coursework. Geropsychology courses must prioritize what is distinct about assessment, treatment, consultation, and supervision related to aging populations. Thus, a natural consequence of the elaboration of professional Geropsychology may be that the opportunity to train in the basic theories of aging on which that work is grounded has been pushed to a lower priority in curriculum decisions.

Continued on next page
My second observation is that the field of health services psychology now encompasses multiple specialties that overlap substantially with Geropsychology, which brings students from other specialty areas into Geropsychology training rotations at the pre-doctoral, internship, and fellowship levels. In addition to Geropsychology, the American Board of Professional Psychology now includes Specialty Boards in Clinical, Counseling, Clinical Neuropsychology, Clinical Health, Rehabilitation, and Forensic Psychology as well as in practice approaches such as Behavioral and Cognitive, and Couple and Family. Students in any of those specialty areas may have overlapping interests in older populations that bring them into our training settings.

I suspect internships and fellowships will engage students from diverse training backgrounds and even specialty identities with increasing frequency, and I believe that is a very good trend. I also suspect that the amount of exposure to the basic science of adult development and aging will vary widely in trainees at the internship and post-doctoral fellowship level. Survey data from 20 years ago documented that internships and fellowships often brought psychologists into Geropsychology, and also found that non-geropsychologists perceived a need for training in basic developmental processes of aging (Qualls, Segal, Norman, Niederehe, & Gallagher-Thompson, 2002). It would appear that the pattern is not new.

In sum, I believe this challenge of preparing trainees in the basic science of aging has always been experienced by internships and post-doctoral fellowships, and I suspect it may become more common as the trend toward specialization pushes the boundaries of what can be addressed in the predoctoral training years. Unfortunately, at all levels of training, we may have achieved parity with our medical school colleagues who must reduce training in Topic A in order to add training in Topic B. Although articulating the importance of basic science knowledge related to aging, the Pikes Peak training model also sits on top of the required competencies in psychological science, clinical science, research training, and increasingly, specialty training (e.g., Geropsychology).

Internship and fellowship leaders will need to figure out how to build basic knowledge related to aging in some Geropsychology trainees, basic clinical Geropsychology knowledge in trainees of other specialties, and meet the need for advancing the knowledge of trainees who come grounded in both. This task sounds similar to the challenge of building post-licensure training pathways (e.g., GeroCentral). Perhaps collaborating on building training modules and methods will create resources useful to all.

Madhu Suresh is currently a fourth-year doctoral student in the Clinical Psychology program at Palo Alto University. Madhu graduated from UC Berkeley in 2015 with a BA in psychology and public health, and prior to graduate school, conducted research with elderly caregivers, looking at their mental health and cognition. Madhu is currently a senior research assistant working under the mentorship of Dr. Sherry Beaudreau in her geropsychology research laboratory at the VA Palo Alto Health Care System. Madhu's primary research interests lie in factors underlying older adult mental health from a biopsychosocial perspective, with her dissertation research examining hearing impairment and late-life mental health symptoms. Her clinical interests lie in working with adults and older adults in a primary care setting, and she is currently completing her practicum at the family medicine clinic located in the Contra Costa Regional Medical Center. As a CoPGTP student representative, Madhu is involved in organizing the update on the CoPGTP resources associated with the Pikes Peak Model Competencies.

Matthew Wynn is a fourth-year Ph.D. student in the Clinical Psychology program at Washington University in St. Louis. He graduated from UC San Diego in 2015 with a BS in Cognitive Science and a BA in Philosophy and worked at the UC San Francisco Memory and Aging Center for three years, where he discovered his passion for working with older adults, people with dementia, and their caregivers. Now at WashU, Matthew works under the mentorship of Dr. Brian Carpenter in the clinical geropsychology lab and is interested in studying the disclosure of Alzheimer's disease information to patients and families. He is interested in using his research to inform disclosure practice guidelines and help those affected adjust to their new diagnosis. As a CoPGTP student representative, Matthew is involved in updating and organizing the CoPGTP membership roster and contact information for our member sites.

Ariana Stickel, Ph.D. recently completed her graduate program at the University of Arizona and her clinical internship at the West Los Angeles VA Medical Center. She is now a postdoctoral trainee at the University of California San Diego where she researches cognitive aging among Latinxs. Her research largely focuses on the impacts of cardiovascular risk factors and genetics on the brain and cognition among late middle age and older adults. Additionally, she is helping to construct and optimize neurocognitive assessments for use in English and Spanish. As a CoPGTP student representative, Ariana is helping organize the CoPGTP annual dinner meeting at GSA under the supervision of Dr. Patricia Bamonti.

Take the attitude of a student, never be too big to ask questions, never know too much to learn something new. 
-Og Mandino
2019 CoPGTP Member Publications


Every great advance in science has issued from a new audacity of imagination.

-John Dewey
2019 CoPGTP Member Publications, continued


"If I have seen further, it is by standing upon the shoulders of giants." - Isaac Newton, 1675
Learning Theories of Aging—A Student’s Perspective

When I first started graduate school five years ago, I knew I had wanted to learn as much as I could about psychology so I can help people reduce their emotional suffering. But unlike some of my classmates, I did not come in knowing what population or psychopathology I wanted to specialize in. It was during a faculty research presentation that I learned about the exponential growth of older adults in upcoming years, the rising ethnic and cultural diversity within this population, and the significant need for a workforce of geropsychologists to meet that demand. After my grandmother was diagnosed with dementia a number of years back, I experienced firsthand how wholly unprepared my family and the healthcare system were at understanding and dealing with the irreversible changes that come with later life and aging. I was fueled by a deep conviction to fill that gap and requested to be a part of the older adult lab research lab on comorbid personality pathology and depression run by Dr. Richard Zweig.

“part of my future mentorship will be to model for students by continuing to be an upstander against ageist attitudes”

Up until graduate school, the only prior exposure I had on the process of aging were personal experiences with aging members in my family, what was portrayed in the media, and the handful of developmental courses I took in college. So not surprisingly, I believed later life was characterized by inevitable physical and cognitive decline. It was not until I began to learn about the various theories of aging, such as Elder’s life course theory (1993), the sociogenomic model of personality trait (Roberts & Jackson, 2008), or the model on selective optimization with compensation (Freund & Baltes, 1998) that the myths I held about aging gradually dispelled. Furthermore, contemporary research utilizing longitudinal and cross-sectional designs supported the theories on plasticity and changeability across the lifespan in areas of personality, emotion regulation, cognitive functioning, and social integration. For instance, Antonucci’s Convoy Model of Social Relations (2001) and Carstensen’s Socioemotional Selectivity Theory (1993) captures how social ties are accumulated, lost, and transformed across the lifespan as older adults’ motivational goals shift from information gathering to emotion regulation. Delivering competent and ethical services to our growing older adult population requires an appreciation and respect for the complexity of the unique challenges presented in later life, and clinicians must be knowledgeable about the biological, psychological, cultural, and social factors associated with aging. My experience learning about the theories of aging not only helped me form a foundational knowledge on how to assess and treat older adults, but allowed me to be more aware of the negative ageist attitudes I have internalized throughout my life and challenged me to be reflective about my own emotional responses around death and dying.

Continued on next page
Armed with some knowledge, I was eager to apply the theoretical frameworks of aging to practice. I began to pursue clinical practicums that offered supervised rotations in older adult settings, and in my second year, I had the opportunity to work at a rehabilitation unit at Kingsbrook Jewish Medical Center where I conducted neuropsychological and functional assessments with older adults. In my third year, I completed the Ferkauf Older Adult Program (FOAP) practicum where I worked with older adult patients in an outpatient community mental health clinic and provided consultation and liaison services in the Primary Care Division at Jacobi Medical Center. These experiences sparked my interest in the integration of medicine and psychology and the complex relationship between physical and mental illness. As a result, in my fourth year, I pursued the Health Psychology track practicum at the Manhattan VA where I got to work with older veterans in the dialysis and primary care units, and also co-lead an Alzheimer’s Support Group for caregivers. I stayed on at the Manhattan VA for my current internship year, and I hope to pursue a geropsychology post-doctoral position next year to continue my education and clinical work in geropsychology practice beyond graduate school. It is my ultimate goal to extend my professional work to include minority older adult groups, such as Chinese-speaking older immigrant adults and their families, who are often disadvantaged in their access to mental health services.

The mission to promote education, training, and the application of psychological knowledge in later-life wellness constitute an ongoing and collective effort. While I feel privileged and grateful to be in one of the growing number of graduate programs in the country that offers a concentration in geropsychology, the question of how I can contribute to that initiative has been an important one for me as I am nearing the end of my graduate school career. What nurtured my interest in the field of geropsychology had been the competent and quality mentors that have inspired, supervised, taught, modeled, and supported me at multiple levels of my professional development, and I hope to be able to do the same for future generations of clinicians. It goes without saying the theories of aging that we teach should be informed by research and integrated with cultural and diversity considerations. I believe another integral part of my future mentorship will be to model for students by continuing to be an upstander against the ageist attitudes that persist in our society, and to encourage them to be curious and self-reflective about their attitudes towards mortality and aging.
**Student Spotlight**

**Nathaniel Andrew, Ph.D.**

Dr. Nathaniel Andrew is currently a postdoctoral resident at the Salem VA Medical Center. His fellowship position (geropsychology emphasis area) involves clinical work with older adults in outpatient and inpatient settings. Nate’s pursuit of a career in geropsychology is inspired by his desire to help older adults maximize their quality of life as they navigate many opportunities and challenges in late-life. Upon completion of his fellowship year, Nate intends to explore his clinical and research interests through professional opportunities in VA settings as well as within the private sector.

Throughout his clinical training, Nate has worked with older adults in settings including skilled nursing, outpatient neuropsychology, home based primary care, inpatient rehabilitation, and inpatient psychiatry. Nate’s research interests are broadly focused on mental health in older adults in long-term care, and his research has specifically focused on constructs including social need, loneliness, person-centered care, and religious coping in these settings.

Nate graduated *summa cum laude* from Milligan College in 2014 with a B.S. in psychology (pre-professional emphasis) and business administration (management emphasis). He graduated with a Ph.D. in clinical psychology from the University of Louisville in 2019 under the mentorship of Dr. Suzanne Meeks in the Aging and Mental Health Lab within the Department of Psychological and Brain Sciences. He completed his pre-doctoral clinical internship with the VA St. Louis Health Care System in 2018-2019 under the mentorship of Dr. Sean Engelkemeyer as his preceptor.

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**Dr. Andrews has been trained by three CoPGTP programs:**

- The University of Louisville
- St. Louis VAMC
- Salem VAMC
Student Spotlight

Keisha Carden

Keisha Carden is a current intern at the Durham VAMC where she is completing training in EBPs for PTSD, full model DBT, rehabilitation psychology and end-of-life care. She is a first-generation scholar and graduated from Winthrop University. As an undergraduate she served as a student advisor, a member of the Dean’s advisory committee, and was the founding President of Gamma Beta Phi. She received the annual Outstanding Student Award for her commitment to giving back to her campus community. Her Honor’s thesis examined associations among caregivers’ anticipatory grief, knowledge of Alzheimer’s disease, and time perspectives for which she was awarded the Outstanding Research Award at the Southeastern Psychological Association (SEPA).

She received her Master’s thesis from the University of Alabama in Clinical Psychology (Geropsychology track) working under the mentorship of Dr. Rebecca Allen. During her time there, she was awarded the Graduate Council Research Fellowship, the McNair Fellowship, and an Alabama Dementia Initiative Grant, and the Outstanding Master’s Thesis award. Now published in The Gerontologist, her master’s thesis found that utilization of Adult Day Services improved caregivers’ daily pain experience via increases in positive affect. She has since expanded this line of research to investigate daily experiences of sleep and financial stressors within the context of ADS use.

Her broader research program focuses on understanding and editing the architecture of current models of care, examining daily processes among care partners, and dyadic and family interventions at the end of life. Additionally, her research explores and outlines the influence of intersectionality and cultural factors on access to care and dyadic stress and decision-making processes. Her research often employs community-based participatory research practices, ecological momentary assessment (EMA), hierarchical linear modeling, and layered qualitative coding schemes to answer nuanced research questions. Her dissertation is a grounded theory of financial stress and decision-making among dementia care partners which examines and describes dyadic decision-making styles and how these influence autonomy and perceived control, financial management, and relationship quality. She hopes to use this study as a foundation to more wholly understand points of intervention that might be easily embedded into current models of care. Keisha has been nominated for the Lacey-Ellis Award for development of outstanding research.

A recipient of the Henry C. Rickard award, Keisha believes greatly in the Rebecca Allen lab motto, “Pay it Forward” and is heavily involved in service and leadership. She has served as a peer mentor to three first generation scholars, eleven undergraduate students, and provided peer consultation for three years. She served as the President of the Psychology Graduate Student Association, the geropsychology representative, a psychology clinic advisory board member, and as an APAGS Advocacy Coordinating Team representative. Additionally, she served as a liaison for the University of Alabama Elder Law Clinic where she conducted evaluations to determine capacity to execute planning documents, live independently, make financial decisions, and consent to treatment.

In her free time, Keisha loves cooking (check out #keishasprocrastikitchen on Instagram), volunteering at SAGE, and spending time with her partner, Marissa, and their two pups.
CoPGTP Purpose Statement

The Council of Professional Geropsychology Training Programs (CoPGTP, pronounced COG-TIP) is an organization of programs providing training at the competence level and beyond. CoPGTP is committed to the promotion of excellence in training in professional geropsychology and to supporting the development of high quality training programs in professional geropsychology at the graduate school, internship, postdoctoral fellowship, and post-licensure levels. CoPGTP provides opportunities to continue the dialogue on training issues; and it is comprised of organizations and individuals with common interests.

CoPGTP Dinner

You are invited to the annual CoPGTP dinner. It will coincide with the Gerontological Society of America Annual Scientific Meeting in Austin this November. The dinner will take place at The Bonneville. Please RSVP to Ariana Strickel—a.stickel711@gmail

Thursday, November 14th, 7pm
The Bonneville
202 W Cesar Chavez St
Austin, TX 78701

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<td>Yeshiva University</td>
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<td>Chair Elect: Lindsey Jacobs, Ph.D, MSPH</td>
<td>Student Representative: Angel Mak, M.A. Ferkauf Graduate School of Psychology</td>
<td>Internships: Lisa Bloom-Charette, Ph.D. Edith Nourse Rogers Memorial Veterans Hospital</td>
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<td>VA Boston Healthcare System</td>
<td>Student Representative: Ariana Stickel, M.A. University of Arizona</td>
<td>Postdoctoral Training: Valerie Abel, PsyD, ABPP VA New York Harbor HCS – Brooklyn Campus</td>
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<td>Secretary: Patricia Bamonti, Ph.D</td>
<td>Student Representative: Madhuvanthi Suresh, B.A. Palo Alto University</td>
<td>Post-Licensure Training: Greg Hinrichsen, Ph.D., ABPP Department of Geriatrics and Palliative Medicine</td>
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<td>VA Boston Healthcare System</td>
<td>Treasurer: Allison Jahn, Ph.D</td>
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